


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90028 041 \*\*\*150.00

<b>DOCUMENT # P05000111130</b> 1. Entity Name QUICK SOLUTIONS HANDYMAN, INC.	
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Principal Place of Business 6060 NW 186TH STREET, STE 102 HIALEAH, FL 33015	Mailing Address 6060 NW 186TH STREET, STE102 HIALEAH, FL 33015
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3815090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROCHA, NELSON  
6060 NW 186TH STREET, STE 102  
HIALEAH, FL 33015

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCHA, NELSON 6060 NW 186TH STREET, STE 102 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUEDA, MARTHA L 6060 NW 186TH STREET, STE 102 HIALEAH, FL 33015
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nelson Rocha Date: 4-14-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #